

Children's Cabinet

May 25, 2021

Agenda – 4-5pm

- Welcome, Introductions, and adoption of minutes (3 min)
- Early Intervention Update (15 min)
- Summer 2021 Update (10-15 min)
- Child Care updates (25 min)
- Public Comment (5 min)
- Adjournment



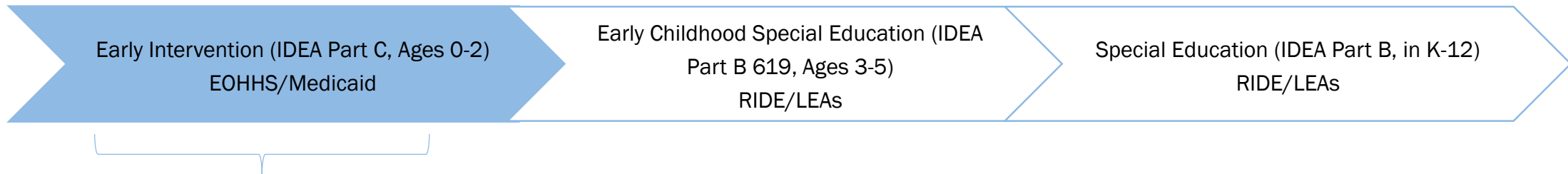
Early Intervention in Rhode Island

Impact of COVID-19 Pandemic

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Early Intervention is a program that provides special education services for children ages 0-2. By providing services to address developmental delays early, children are less likely to need special education services in K-12.

Early Intervention (IDEA Part C) Overview – Part of the Continuum of Special Education Services



Benefits of Early Intervention:

- **Reduces the need for special education services:** The National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs tracked children with a developmental delay and **found 46% did not need special education services** by the time they reached kindergarten as a result of early intervention services.
- **Positive results for children:** Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have **greater language abilities, improved nutrition and health, and experienced less child abuse and neglect.**

Services Provided:

- Early intervention uses evidence-based practices to help families incorporate intervention strategies into daily routines, which increases children's rate of growth in key developmental areas, multiplies the opportunities and effects of intervention, and increases the return on every dollar spent.
- RI serves over 4000 children and their families each year. EI is overseen by the Part C Coordinator in EOHHS/Medicaid and is delivered by 9 community-based providers.
- EI services are covered by health insurance and is of no cost to families. By RI law, private insurers must pay "rates of reimbursement equal to, or greater than, the prevailing integrated state Medicaid rate for early intervention services." (R.I.G.L. 27-18-64).

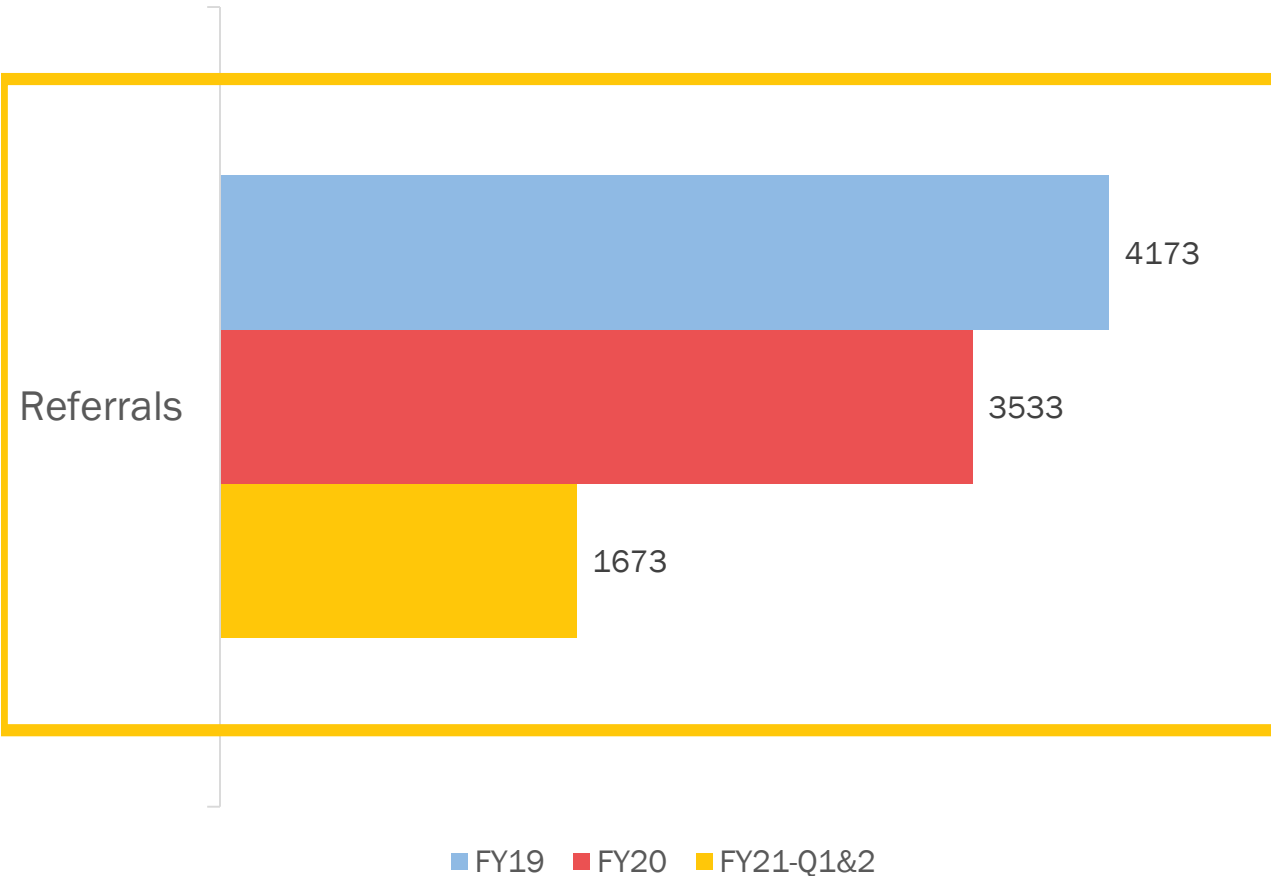
We are anticipating a surge in the number of children needing Early Intervention services as we emerge from the pandemic.

- 1 Many children who should have been referred to Early Intervention were missed in 2020 due to the disconnection from traditional family supports. Referrals were down 15.3% between FY19 and FY20, meaning 640 fewer children were entering the pipeline during a time when normal development was disrupted. We need to recover the referral pipeline and ensure children who should have been referred in 2020 are referred in 2021.
- 2 Many referred children who should have had services in 2020 never began or exited from the program. Of referred families, only 71% received an evaluation and 20% of families with children who were evaluated eligible for services declined. In addition, 24% (263) of families exiting from EI in 2020 were due to lost contact with families, rather than completion of program goals. We must re-engage with these families, connect them with appropriate services (such as EI, FHV, Early Childhood Special Education, if age-eligible), and ensure that EI retains the families in services.
- 3 The pandemic has significantly impacted the development of more than 30,000 infants, indicating a likely increased need for Early Intervention services across a larger pool of families in the next 2-3 years. The pandemic interrupted normal experiences during vital developmental experiences for children. While there is little data at this point, national discussions of EI professionals anticipate an increase in need for today's 0-2 year olds.

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During the pandemic, there was a significant decline in referrals, meaning many children who should have been referred were missed. These children will need to be referred, evaluated, and engaged in services in 2021.

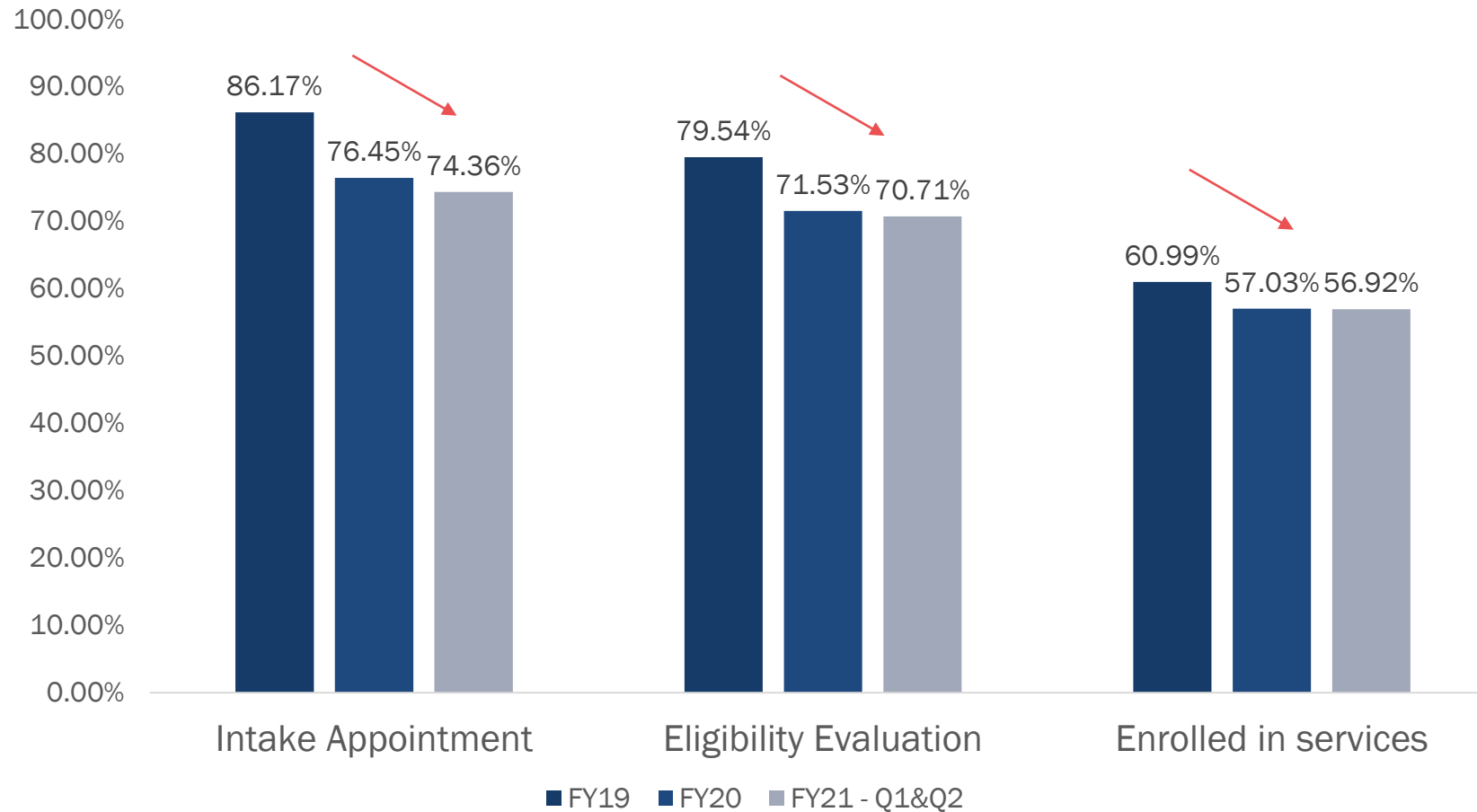
Early Intervention Pipeline, FY19 vs. FY20



- In FY20, there was a decline in referrals (from 4173 to 3533), meaning 15.3% fewer children entered the EI pipeline. This trend has continued through Q1 and Q2 of FY21 with 19% less referrals compared to FY19 during the same time period. We are seeing a slight increase in referrals over the past few months (January '21 = 16% of typical, February '21=10% of typical)
- As families were disconnected from the typical supports – childcare, WIC sites, etc – there were fewer opportunities for the broader early childhood network to support families in identifying a potential need for EI services and encouraging families to reach out to EI.
- For RI to find and support the children who were missed during the pandemic, **we will need to engage with the broader early childhood system and ensure all children who need an evaluation are seamlessly connected to EI providers.** In addition, programs must have the financial ability to re-hire and retain staff to support caseloads.

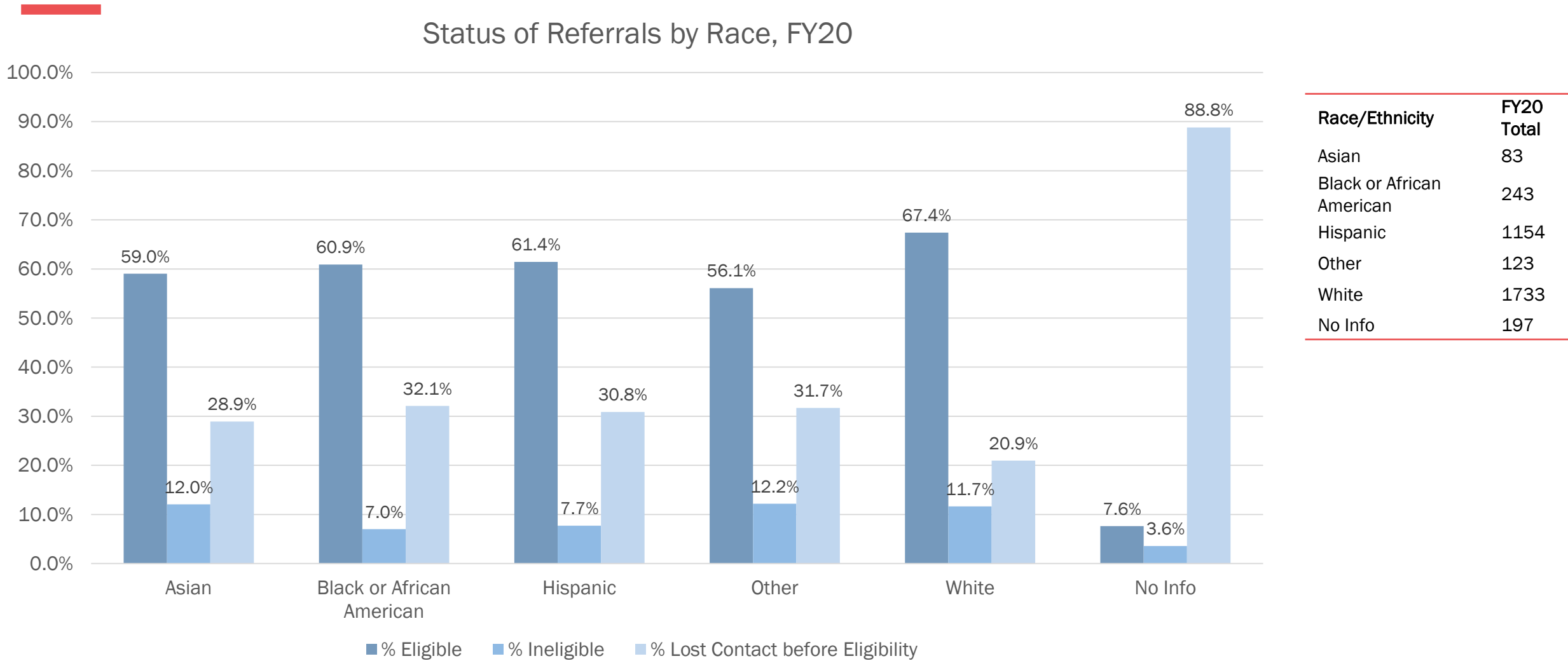
Not only were fewer children referred to EI during the pandemic, but programs lost contact with a higher percentage of children – especially children of color and those insured by Medicaid -- after they had been referred and before they were engaged in services.

% of Referrals that complete EI stages of enrollment



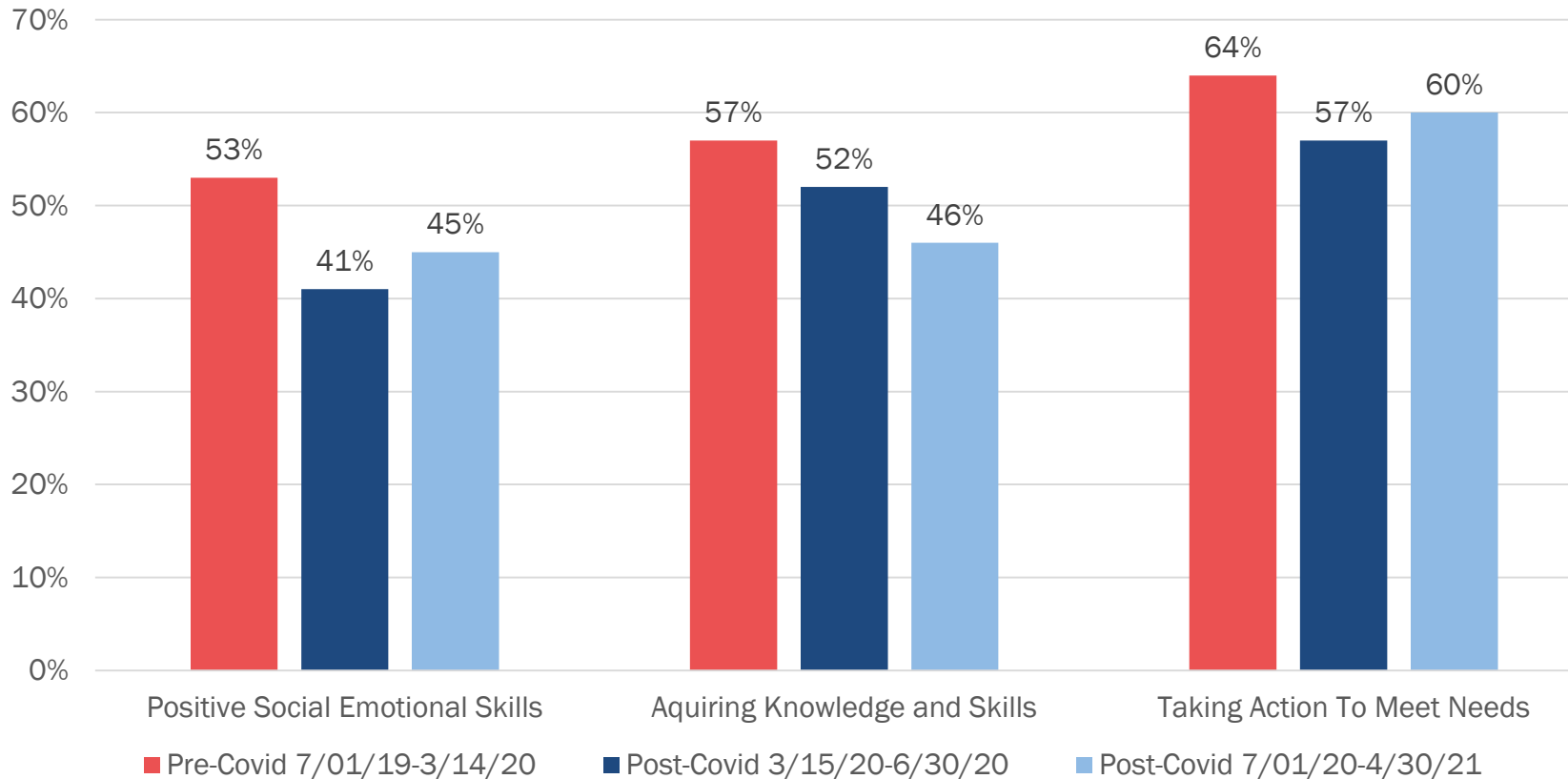
- Programs lost contact with families who were referred to EI at higher rates during the pandemic, with only 76% of all referrals reaching an initial intake appointment, and only 72% of all referrals reaching an eligibility evaluation.
- Programs lost contact disproportionately with Medicaid beneficiaries (30.5% Medicaid vs. 15.1% Commercial) and with families of color (30.8% of Hispanic families and 32.8% of Black families, compared to 20.9% of white families)
- In 2021, programs will need to re-engage with families lost in the in-take process to ensure that children and families have the supports they need (inclusive of EI, FHV, ECSE, etc). In addition, strategies are being developed to address disproportionalities.

El data from during the pandemic demonstrates programs “losing contact” before an eligibility evaluation is disproportionately impacting families of color.



Children who completed EI services during COVID showed less progress toward the three EI Global Outcomes as compared to children who discharged before the pandemic.

% of Children who have skills significantly closer to same-aged peers when discharged as compared to skills at enrollment



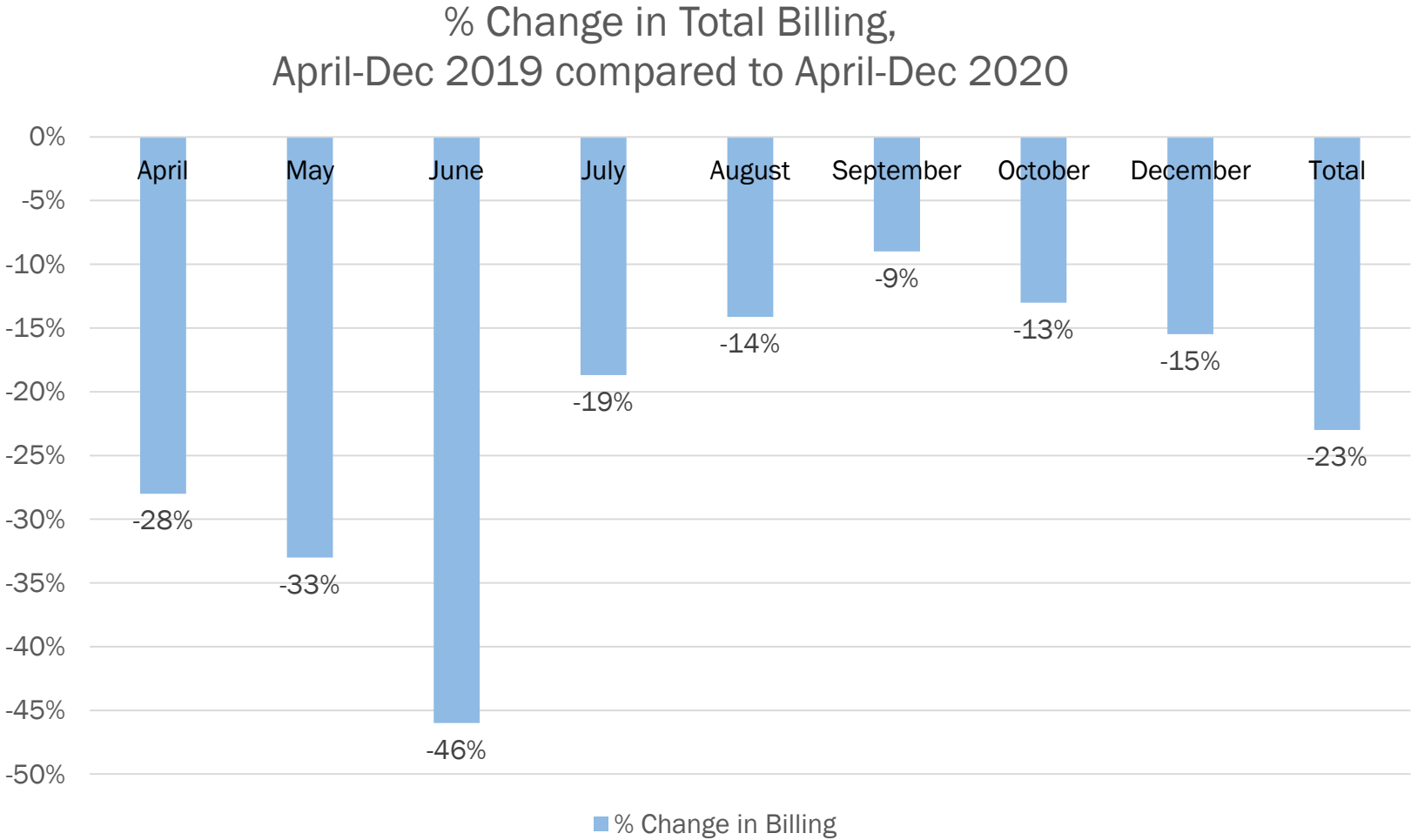
- We are looking into these data more in depth to find root causes and develop strategies to address these decreases.
- We are also looking into analyzing disproportionalities for children of color and those insured by Medicaid.

In addition -- while data is still emerging -- there is strong evidence to suggest that the pandemic will lead to a higher percentage of children with developmental delays, increasing the need for Early Intervention capacity.

The necessary public health requirements to mitigate the impact of the pandemic likely created conditions that negatively impacted infants in their earliest development:

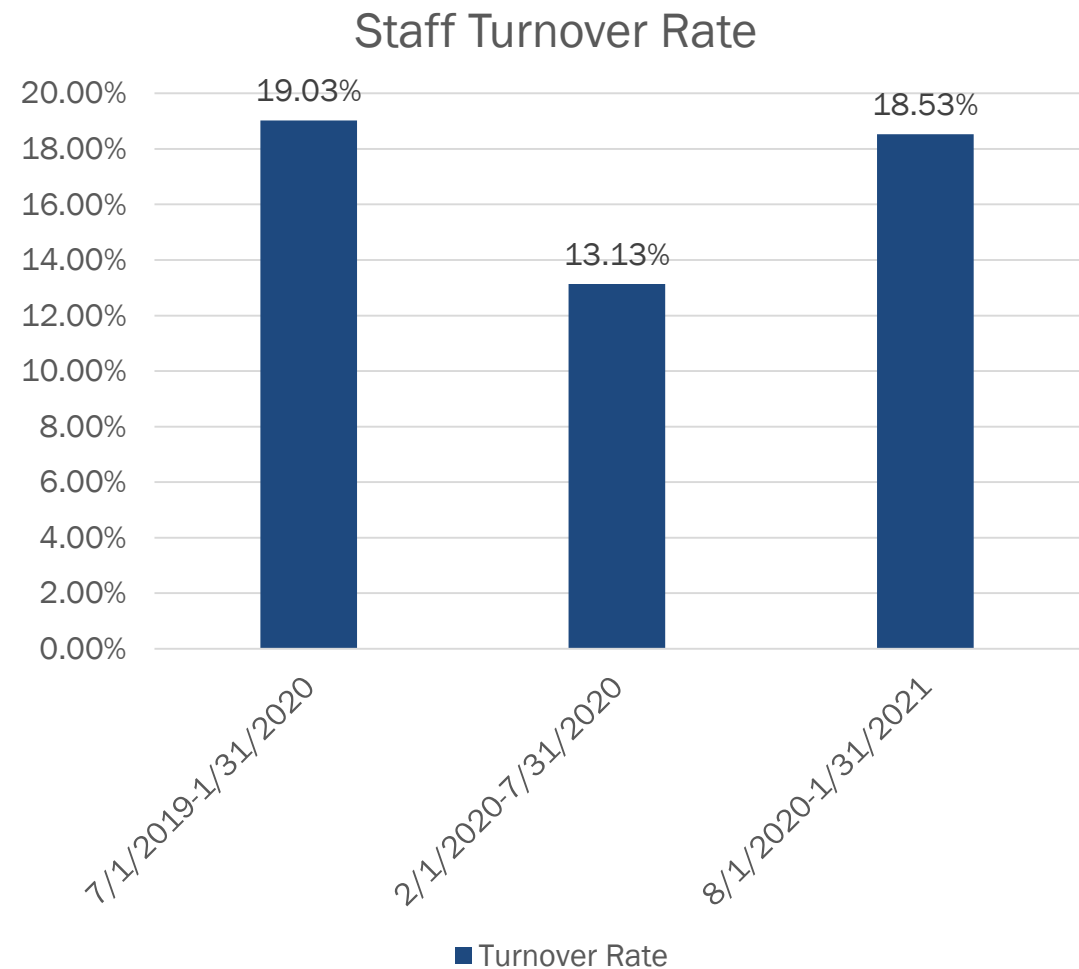
- *Maternal social isolation and stress*: “There are direct relations of maternal perceived social support with reduced childhood cognitive abilities as well as with increased child behavior problems, depression, and accident proneness with effects stretching into adolescence. Much of this research posits that isolation increases maternal stress which has broad, toxic effects... These studies reveal increased risk for adverse developmental outcomes in cognitive, behavioral, motor, and physical domains.” (Venta, et. al., 2021).
- *Child social isolation*: Children learn from their peers and exposure to other young children helps develop social-emotional skills, language skills, and other important milestones. The decreased amount of social interaction with peers has likely impacted some children’s development.

The Early Intervention providers faced steep declines in billing during the pandemic (\$2.7M in 9 months collectively). EI Programs were supplemented with over \$2.1M in CARES ACT funding to address these declines and to support additional costs associate with the COVID pandemic.



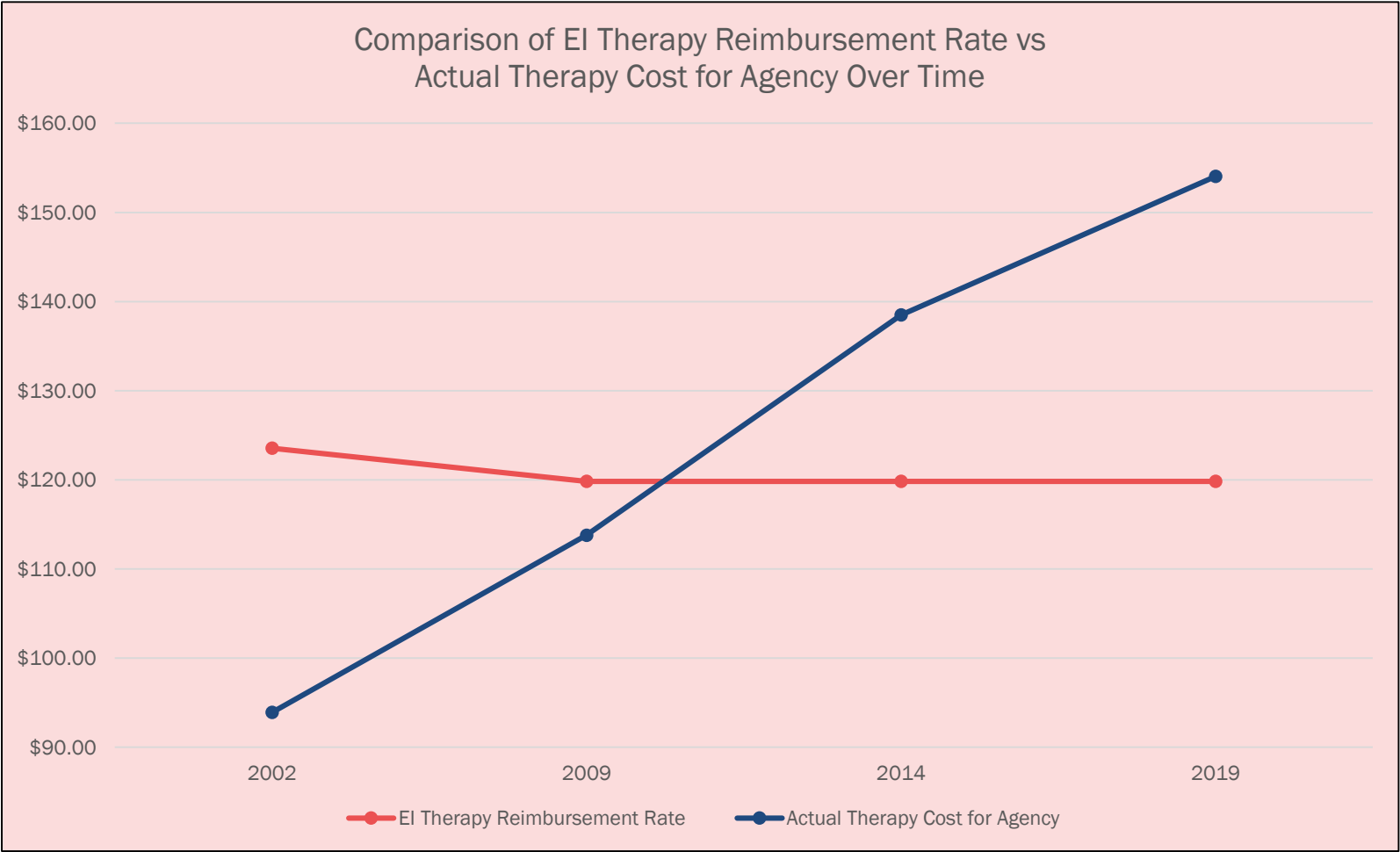
- 8 out of 9 EI providers received a portion of the CARES ACT funding in FY2021.
- In addition, EI Providers may have accessed PPP loans, other federal HHS relief funds, and received some additional RI Part C funds to support losses and additional costs.

For programs to effectively engage and serve an anticipated influx of children and families, they will need to stabilize their staffing to conduct enhanced family outreach and maintain service consistency for families.



- EI providers have not seen an increase in reimbursement rates since 2002 which has led to high rates of staff turnover (almost a fifth of all staff every 6 months) as EI providers cannot offer competitive salaries. This impacts providers’ ability to provide a consistent experience for families and dedicate requisite time to outreach and engagement.
- Although exacerbated by COVID, inefficient rates have impacted EI agencies with continuous losses each year.
- Emerging data shows that EI front line staff do not reflect the diversity of the families receiving EI services, yet EI front line staff of color are leaving at higher rates.
- EI programs will need to address staff turnover and increase staff capacity to serve an anticipated higher census.

Although cost of services have increased over time, Rhode Island's Medicaid reimbursement rate for these services has not.



EOHHS recognizes this crisis and is working on the below to stabilize the EI system. Stabilizing the system will require a multi-year process with cross-government and stakeholder engagement.

Stabilize and Enhance with ARPA

Work to identify American Rescue Plan (ARPA) funding to...

1. Stabilize: Cover any remaining provider losses from lower billings due to the PHE
2. Staff: Increase funding to recruit workforce back to provider services
3. Pay for Performance: Develop targeted programs to re-engage families by enhancing outreach, tackling disparities and returning to in-person delivery of services

We believe that use of some ARPA funding may require appropriation from the General Assembly.

Federal HHS also has \$25B in provider relief to be distributed that could help stabilize EI providers

Pursue Budget Options for Sustainability

Recognizing that Medicaid Fee-For-Service rates have not been raised since 2002, EOHHS commits to working through the FY 23 budget process to...

1. Increase: Update rates to support costs required to provider high-quality EI services and properly compensate EI workers.
2. Adjust: Suggest a statutory cost-of-living increase (COLA) in line with hospital, nursing facility and home care funding to ensure rates stay up-to-date
3. Pay for Performance: quality payment to address service barriers, expand equitable access, and improve family engagement.

Changing these rates will require General Assembly and CMS approval.

Providing EI services during a pandemic did reveal some lessons learned.



1. The Early Intervention staff are some of the most dedicated, invested professionals who truly care about the needs and well-being of our RI families and youngest children.
2. A need for EI processes and required paperwork to be conducted electronically. We are currently working with our data system provider to make improvements.
3. Telehealth services may support some elements of the EI model. However, we are currently surveying families, and plan to survey front-line staff, to understand the true impact and effectiveness of providing EI services via telehealth.
4. Strategies and activities need to be developed and implemented to insure equity in access to and full engagement in EI services.
5. Improvement in the identification of social/emotional delays and interventions to support social/emotional development needs to be addressed.
6. The impact of COVID is not ending with taking our masks off. The isolation of children and families with the lack of access to community resources is expected to create more of a need for EI services in the coming years. The financial and emotional impact on our EI programs has created a long, hard road ahead to make up for the losses experienced before and during the pandemic.

A physician's referral for Early Intervention is NOT required. Anyone, including the family, can make the referral.

If there is a concern about a developmental delay for an infant or toddler, refer directly to one of the 9 Early Intervention Providers:

[Microsoft Word - EI Provider List Rev 10.22.19.docx \(ri.gov\)](#)

At anytime, if anyone, including families, have a question or concern about Early Intervention in Rhode Island, please feel free to contact me:

Jennifer Kaufman, M.Ed.

RI Part C Coordinator

Jennifer.Kaufman@ohhs.ri.gov

If you are not sure if there is a developmental concern, First Connections can help a family determine if Early Intervention might be a needed service. First Connections will provide a developmental screening and help connect a family to Early Intervention if there is a question of developmental delay OR they may help to refer to one of Department of Health's Family Visiting programs:

[First Connections: Department of Health \(ri.gov\)](#)

For more information on tracking infant/toddler development, visit the CDC's "Learn the Signs. Act Early." website at:

["Learn the Signs. Act Early." | CDC](#)

RIDE Summer Learning Update All Course Network (ACN)

May, 2021

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Agenda

- Background on RIDE's All Course Network
- Planning for summer 2021: LEAP Taskforce
- ACN Improvements for Summer 2021



Background on RIDE's All Course Network (ACN)

The ACN is a statewide course catalog that allows students across the state to take free courses offered by non-profits, colleges, municipalities, and other school districts.

- The All Course Network (ACN) is a RIDE initiative designed to help LEAs offer academic and enrichment opportunities to their K-12 students and the Class of 2021* outside of the traditional school day. The ACN launched as a pilot (called the Advanced Course Network) in the 2015-16 school year.
- ACN courses include dual enrollment, career credential, work-based learning (WBL), Advanced Placement (AP), and enrichment courses.
- ACN course providers offer classes in person, virtually, or through a hybrid model. These providers can be Local Education Agencies (LEAs), community-based organizations (CBOs), private colleges in Rhode Island, public colleges*, and municipalities*.
- Students pre-register for course selections on EnrollRI*, RIDE's new one-stop registration website for learning opportunities. Seats in oversubscribed courses are awarded via a lottery.

** new to the ACN this year!*

Alignment to the LEAP Taskforce recommendations

RIDE stood up the Learning, Equity & Accelerated Pathways (LEAP) Taskforce in response to create a unified statewide approach to accelerating student learning after COVID.

- The [LEAP Task Force report](#) was released in April 2021
- One of the key recommendations coming out of the LEAP Task force was expanding free summer learning opportunities for students. Other recommendations for summer learning included:
 - a delivery model that partners districts with CBOs and external partners
 - intentional equitable outreach to families
 - clear focus on attendance and engagement
 - small class sizes
 - strong focus on positive relationships
 - increased communication with and to families
- For summer 2021, RIDE is merging the summer SAIL initiative into the year-round ACN program. This is a direct response to feedback from the LEAP Task Force that summer learning is most effective when there is a clear connection between summer learning and year-round learning.



ACN Improvements for Summer 2021

- All registration will now go through **EnrollRI**, Rhode Island's one stop shop for educational opportunities. This platform change will be a significant improvement for families and schools registering for summer learning opportunities.
- Prioritizing in-person academic and enrichment experiences for multilingual learners and differently-abled students.
- Creating a “CourseShare” functionality for local education agencies (LEAs) on EnrollRI. While the ACN has previously only hosted RIDE-funded courses, this feature will allow LEAs to post courses they manage and fund on EnrollRI, so out-of-district students can fill empty seats. This makes cross-district collaboration easier.
- Allowing municipalities to apply as providers.
- Awarding seats in oversubscribed courses via lottery (a more equitable process than the first-come, first-served system model that was previously used for the ACN).
- Providers will be asked to report on student outcomes data. RIDE may share this data with students' schools, so that schools can better serve those students.



Summary of ACN courses 2021-22

Here is a summary of RIDE's approved ACN course portfolio for AY2122

Total Providers	66
Student seats available	6154
Total Number of Courses	345
<i>Advanced Placement (AP)</i>	2
<i>Work-based Learning (WBL)</i>	40
<i>Career Credential</i>	20
<i>Dual Enrollment</i>	46
<i>Enrichment</i>	216
<i>Readiness courses (Math and Reading)</i>	9
<i>Financial Literacy</i>	12

All courses now available for pre-registration at www.enrollri.org !



Sampling of ACN summer courses

•Construction 101 Career Credential	•You Are What You Eat: An Introduction to Home Cooking & Gardening - Summer
•Certified Nursing Assistant Career Credential	•Making Money Moves with Young Voices (Work-based learning)
•Certification in Restorative Practices for Teens	•College-Knowledge for First-Generation College-Bound Students - Summer
•Introduction to Game Development (Dual Enrollment at NEIT)	•Snapology: Science of Superpowers
•Junior Aquarium Careers - Mystic Aquarium Virtual Summer Experience	•Shri Yoga & Mindfulness
•Intro to Boat Building	•10 CCRI Dual Enrollment Courses (Intro to Business, General Psych, Criminology and more!)

Supplemental course offerings: Year-over-year comparison

2020-21 ACN* (no summer courses; Fall/Spring/Yearlong only)	2021-22 ACN (Summer, Fall, Spring, Yearlong courses + Enrichment)
26 Providers	66 Providers
166 courses	345 courses
2,191 seats	6,154 seats



**All courses now available
for pre-registration at
www.enrollri.org !**

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Questions?



Contact Liz Texeira at elizabeth.Teixeira@ride.ri.gov

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RI's Child Care Stabilization Fund

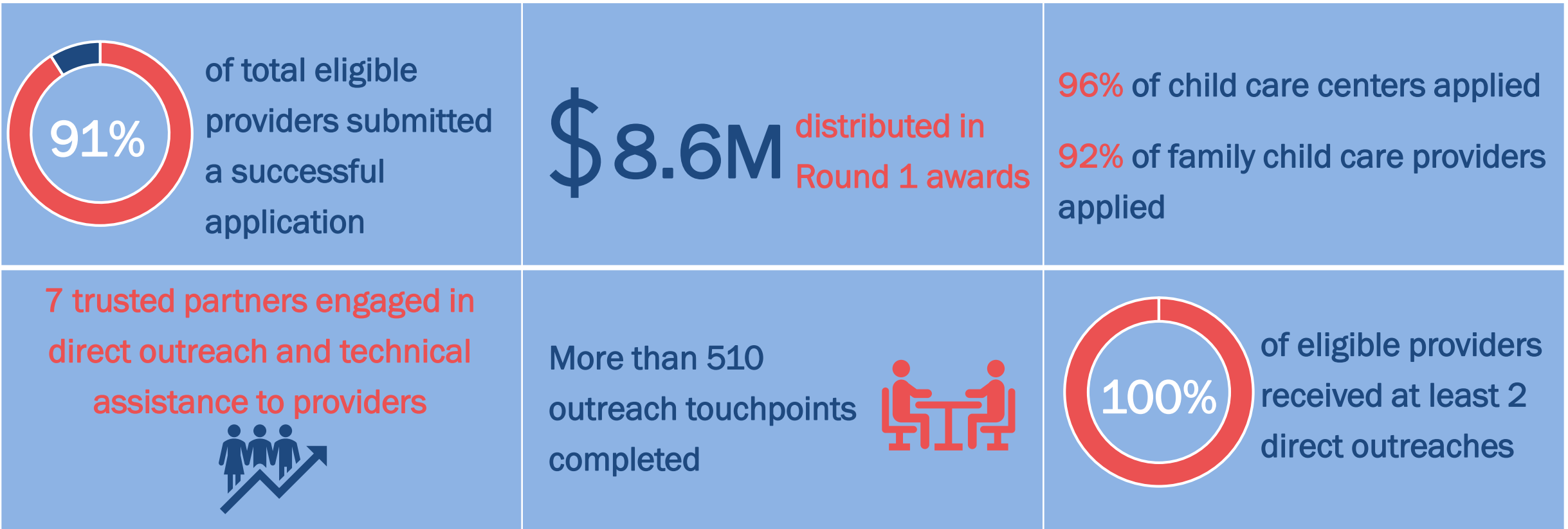
Distribution Update

Children's Cabinet 5/25/21

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Application Window #1 | Distribution Data

The first application window for the Child Care Stabilization Fund ran from March 29 to May 21. All DHS-licensed child care programs approved to reopen and committed to serving children in-person were eligible to receive a grant.



Learnings + Next Steps

Learnings

- Though we observed high participation among eligible providers statewide, nearly 2% of eligible providers opted not to apply. Moving forward, we'll need to account for that data as we set distribution goals and plan for outreach and technical assistance.
- An 8-week application period is ideal to allow for broad outreach and comprehensive one-on-one technical assistance.
- Engaging trusted partners is pivotal in successful outreach and technical assistance delivery.
- Partnering with a Fiscal Intermediary is essential in efficient award distribution.
- A brief and simple application is well-received by the sector and promotes high utilization.

Next Steps

- The 2nd application window will open during the first week of July. Child Care Centers will apply for their 2nd monthly stipend. Any providers who did not submit an application during the 1st window may do so during the July window.
- Preliminary planning for Stabilization Grants within the ARPA is underway.



PDG Pathways to Partnership: Expanding High Quality Infant/Toddler Slots

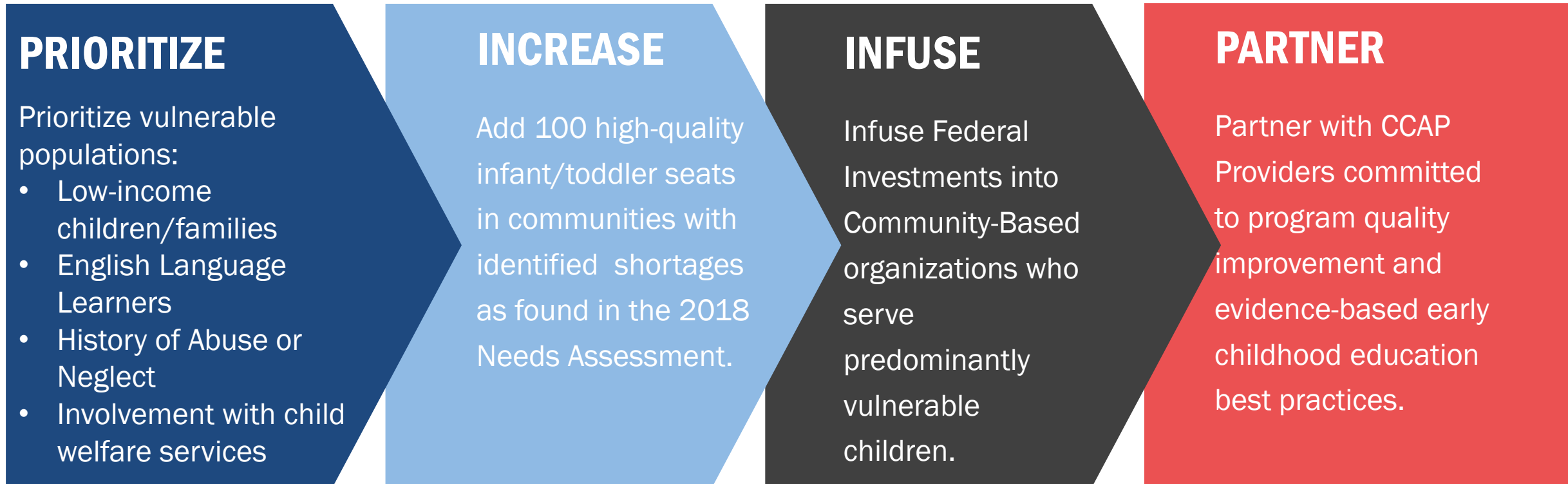
May 2021 Update

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PDG Activity 5.2 Expand High Quality Infant/Toddler Slots

GOAL: Rhode Island will expand high quality infant/toddler slots by partnering with Children's Friend to scale the evidence-based Early Head Start Child Care Partnerships Model.



Early Head Start Child Care Partnerships (EHS-CCP)

In the 2013 State of the Union address, President Obama announced plans to grow the supply of high-quality early learning opportunities for children from birth— 3, so that more children from low-income families can develop and learn from an early age, through Early Head Start-Child Care Partnerships.

EHS-CC Partnerships bring together the best of two worlds – combining the strengths of child care and the Early Head Start Framework. The Partnerships layer funding to provide **high-quality early learning environments and access to full-day child care with access to comprehensive support services for low-income working families with infants and toddlers.** Long-term outcomes for the program include:

- More highly-educated and fully-qualified workforce providing high-quality infant-toddler care and education through adherence to evidence based Head Start Program Performance Standards
- Increased supply of full-day, full- year, high-quality early learning environments and infant-toddler care and education
- Child & Family well-being, including preschool preparedness

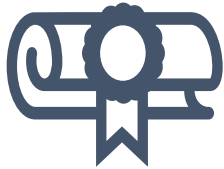


PDG Pathways to Infant/Toddler Partnership

VISION: To build a strategic, flexible and data driven model to support enhancing the quality of early care and educational programming delivered to infants and toddlers in Rhode Island's child care programs, through building upon the state's quality improvement infrastructure to provide evidence-based program, workforce and child/family support to support our state's most vulnerable children and families.



Modeled after
evidence based
EHS CCP



Professional
Development &
program specific
support



Improves
program quality
through
adherence to
HSPPS



Access to
mentoring &
coaching



Fixed Funding



Goal of Increasing
BrightStars Rating,
Expanding I/T Care
& Transition to EHS
CCP

PDG Pathways to Partnership

Evidence from Children's Friend's EHS-CCP Program demonstrates the effectiveness of this model in improving program quality. Program specific Quality Improvement supports include:

Working collaboratively with:

- DHS Family Support Services
- DHS Child Care Licensing
- RIAEYC/Bright Stars
- Center For Early Learning Professionals
- LISC (Facilities)
- Mental Health & Special Education
- Workforce Education & Support
- On-site Mentoring, Coaching & Monitoring
- Access to Curriculum, Child Assessment & Program Quality Improvement Assessment



PDG Pathways to Partnership



To meet the emerging needs of the RI Child Care Programs, the Early Childhood Education Workforce and our state's most vulnerable children and families we have scaled a flexible, focused and data driven model.

WORKFORCE

- ✓ Access to Higher Education & Professional Development
- ✓ On-site Mentoring & Coaching
- ✓ Curriculum, Child Assessment & Learning Environment Support

CHILD

- ✓ Safe, High-Quality educational environment
- ✓ Individualized care & education based on child assessment
- ✓ Evidence-based Curriculum & Child Assessment Tools
- ✓ Continuity of care

FAMILY

- ✓ Access to Comprehensive Family Support Services including developmental, health, & mental health
- ✓ Family Engagement & Fostering Home/School Connection
- ✓ Full-day, Full-year community based High-Quality Child Care

PDG Pathways Partners At-A-Glance



Partner	Type	Location
Ana Bencosme	FCC	Providence
Children's Workshop East St.	CC	Pawtucket
Children's Workshop Providence	CC	Providence
Dr. DayCare Providence	CC	Providence
Dreamland West Warwick	CC	West Warwick
Early Foundation Academy	CC	Cranston
El Bebe Pawtucket	CC	Pawtucket
El Bebe Providence	CC	Providence
Heritage Park YMCA	CC	Pawtucket
Over The Rainbow Johnston	CC	Johnston
Over The Rainbow Providence	CC	Providence
Westbay Children's Center	CC	Warwick

As of May 2021 there are 12 PDG Pathways Partners- 11 Center-Based (CC) and 1 Family Child Care (FCC).

Slots: 63

Average Partner BrightStars Rating: 2.75

Communities: All partners reside in communities where there is an identified shortage of high-quality infant/toddler care according to the LISC 2018 Facilities Needs Assessment.

- ✓ Two partners are now offering new infant/toddler programming through this partnership

Questions & Contact Info

For more information about this program, please don't hesitate to reach out.

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Public Comment

